

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

CALIFORNIA
2001/02
FORM

COVER PAGE
460

Page 1 of 64

For Official Use Only

Statement covers period

from 07/01/2017

through 12/31/2017

Date of election if applicable:
(Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- ☐ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall

(Also Complete Part 5.)

- ☒ General Purpose Committee
☒ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee

- ☐ Ballot Measure Committee
☐ Primary Formed
☐ Controlled
☐ Sponsored

(Also Complete Part 6.)

- ☐ Primary Formed Candidate/
Officeholder Committee
(Also Complete Part 7.)

2. Type of Statement:

- ☐ Pre-election Statement
☒ Semi-annual Statement
☐ Termination Statement
☐ Amendment (Explain below)

- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1272633

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
California Life Sciences Association Political Action Committee

STREET ADDRESS (NO P.O. BOX)

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|----------------------------|-----------|--------------|----------------------|
| <u>South San Francisco</u> | <u>CA</u> | <u>94080</u> | <u>(916)442-7757</u> |

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|-------------------|-----------|--------------|-----------------|
| <u>Sacramento</u> | <u>CA</u> | <u>95814</u> | |

OPTIONAL: FAX/E-MAIL ADDRESS
(916) 442-7759 / fppc@bmhlaw.com

Treasurer(s)

NAME OF TREASURER
Thomas W. Hiltachk

MAILING ADDRESS

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|-------------------|-----------|--------------|-----------------------|
| <u>Sacramento</u> | <u>CA</u> | <u>95814</u> | <u>(916) 442-7757</u> |

NAME OF ASSISTANT TREASURER, IF ANY
Ashlee N. Titus

MAILING ADDRESS

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|-------------------|-----------|--------------|-----------------------|
| <u>Sacramento</u> | <u>CA</u> | <u>95814</u> | <u>(916) 442-7757</u> |

OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 01/23/2018 By Thomas W. Hiltachk
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California

Recipient Committee
Campaign Statement
Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

Page 2 of 64

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Sought:

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?
☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?
☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION ☐ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

| | |
|--|---|
| Statement covers period from 07/01/2017 through 12/31/2017 | CALIFORNIA FORM 460 Page 3 of 64 I.D. NUMBER 1272633 |
|--|---|

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Life Sciences Association Political Action Committee

Contributions Received

| | | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---------------------------------------|--------------------|--|--|
| 1. Monetary Contributions | Schedule A, Line 3 | \$99,104.00 | \$146,554.00 |
| 2. Loans Received | Schedule B, Line 7 | \$0.00 | \$0.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS | Add Lines 1 + 2 | \$99,104.00 | \$146,554.00 |
| 4. Nonmonetary Contributions | Schedule C, Line 3 | \$0.00 | \$0.00 |
| 5. TOTAL CONTRIBUTIONS RECEIVED | Add Lines 3 + 4 | \$99,104.00 | \$146,554.00 |

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

| | 1/1 through 6/30 | 7/1 to Date |
|---------------------------|------------------|-------------|
| 20. Contribution Received | \$0.00 | \$0.00 |
| 21. Expenditures Made | \$0.00 | \$0.00 |

Expenditures Made

| | | | |
|--|----------------------|-------------|--------------|
| 6. Payments Made | Schedule E, Line 4 | \$43,297.45 | \$101,593.64 |
| 7. Loans Made | Schedule H, Line 7 | \$0.00 | \$0.00 |
| 8. SUBTOTAL CASH PAYMENTS | Add Lines 6 + 7 | \$43,297.45 | \$101,593.64 |
| 9. Accrued Expenses (Unpaid Bills) | Schedule F, Line 3 | \$393.84 | \$393.84 |
| 10. Nonmonetary Adjustment | Schedule C, Line 3 | \$0.00 | \$0.00 |
| 11. TOTAL EXPENDITURES MADE | Add Lines 8 + 9 + 10 | \$43,691.29 | \$101,987.48 |

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

| Date of Election (mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Current Cash Statement

| | | | |
|---|---|-------------|--|
| 12. Beginning Cash Balance | Previous Summary Page, Line 16 | \$28,679.64 | To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any). |
| 13. Cash Receipts | Column A, Line 3 above | \$99,104.00 | |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4 | \$0.00 | |
| 15. Cash Payments | Column A, Line 8 above | \$43,297.45 | |
| 16. ENDING CASH BALANCE | Add Lines 12 + 13 + 14, then subtract Line 15 | \$84,486.19 | |
| If this is a termination statement, Line 16 must be zero. | | | |

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$0.00

Cash Equivalents and Outstanding Debts

| | | |
|-----------------------------|---------------------------------------|----------|
| 18. Cash Equivalents | See instructions on reverse | \$0.00 |
| 19. Outstanding Debts | Add Line 2 + Line 9 in Column B above | \$393.84 |

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A

Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

| | | |
|--|--|--|
| Statement covers period from 07/01/2017 through 12/31/2017 | | CALIFORNIA FORM 460 Page 4 of 64 |
| I.D. Number 1272633 | | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Life Sciences Association Political Action Committee

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|---|--|-----------------------------|---|------------------------------------|
| 8/3/2017 | Amgen, Inc. Alexandria, VA 22303 Memo Reference: INC1419 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$7,300.00 | \$7,300.00 | |
| 8/14/2017 | Boehringer Ingelheim Pharmaceuticals, Inc. Fremont, CA 94555 Memo Reference: IDT654 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$7,000.00 | \$7,000.00 | |
| | ***INTERMEDIARY*** California Life Sciences Association San Diego, CA 92122 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| 8/28/2017 | Mark W. Ginestro Moraga, CA 94556 Memo Reference: INC1423 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | KPMG Principal | \$1,250.00 | \$1,250.00 | |
| 8/28/2017 | Pfizer, Inc. New York, NY 10017 Memo Reference: INC1422 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$6,000.00 | \$6,000.00 | |

SUBTOTAL

Schedule A Summary

1. Amount received this period - contributions of \$100 or more.

(Include all Schedule A subtotals.) \$97,942.00

2. Amount received this period - unitemized contributions of less than \$100 \$1,162.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL** \$99,104.00

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC




Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|--|----------------------------|
| Statement covers period from <u>07/01/2017</u> | | CALIFORNIA FORM 460 |
| through <u>12/31/2017</u> | | |
| | | Page <u>5</u> of <u>64</u> |
| NAME OF FILER California Life Sciences Association Political Action Committee | | I.D. Number 1272633 |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 8/31/2017 | Woodruff-Sawyer & Company San Francisco, CA 94111 Memo Reference: IDT661 |  <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$1,000.00 | \$1,000.00 | |
| | ***INTERMEDIARY*** California Life Sciences Association San Diego, CA 92122 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| 9/6/2017 | Harold E. Van Wart Los Altos, CA 94022 Memo Reference: INC1433 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | N/A Retired | \$500.00 | \$500.00 | |
| 9/13/2017 | Genentech, Inc. South San Francisco, CA 94080 Memo Reference: IDT657 |  <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$7,300.00 | \$7,300.00 | |
| | ***INTERMEDIARY*** California Life Sciences Association San Diego, CA 92122 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|--|----------------------------|
| Statement covers period from <u>07/01/2017</u> | | CALIFORNIA FORM 460 |
| through <u>12/31/2017</u> | | |
| | | Page <u>6</u> of <u>64</u> |
| NAME OF FILER California Life Sciences Association Political Action Committee | | I.D. Number 1272633 |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 9/26/2017 | ***RETURNED*** Covington & Burling LLP Washington, DC 20001 Memo Reference: EXP1434 |  <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | (\$1,250.00) | \$0.00 | |
| 9/28/2017 | Alan C. Mendelson Atherton, CA 94027 Memo Reference: INC1435 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Latham & Watkins Partner | \$500.00 | \$1,750.00 | |
| 10/10/2017 | George Savage Portola Valley, CA 94028 Memo Reference: INC1447 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Proteus Digital Health, Inc. Chief Medical Officer / Co-Founder | \$400.00 | \$400.00 | |
| 10/23/2017 | BioMarin Pharmaceutical Inc. San Rafael, CA 94901 Memo Reference: IDT665 |  <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$7,000.00 | \$7,000.00 | |
| | ***INTERMEDIARY*** California Life Sciences Association San Diego, CA 92122 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|--|----------------------------|
| Statement covers period from <u>07/01/2017</u> | | CALIFORNIA FORM 460 |
| through <u>12/31/2017</u> | | |
| | | Page <u>7</u> of <u>64</u> |
| NAME OF FILER California Life Sciences Association Political Action Committee | | I.D. Number 1272633 |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 10/23/2017 | Michelli Measurement Group, Inc. Harahan, LA 70123 Memo Reference: IDT666 |  <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$150.00 | \$150.00 | |
| | ***INTERMEDIARY*** California Life Sciences Association San Diego, CA 92122 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| 10/29/2017 | Beth Roberts Bethesda, MD 20814 Memo Reference: INC1448 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Hogan Lovells Partner, Health | \$500.00 | \$500.00 | |
| 10/31/2017 | Christian W. Nolet Redwood City, CA 94065 Memo Reference: INC1449 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Ernst & Young LLP Partner | \$5,000.00 | \$5,000.00 | |
| 11/2/2017 | Sutro Biopharma, Inc. South San Francisco, CA 94080 Memo Reference: INC1454 |  <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$400.00 | \$800.00 | |
| SUBTOTAL | | | | | | |

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(other than PTY or SCC)
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|--|----------------------------|
| Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u> | | CALIFORNIA FORM 460 |
| Page <u>8</u> of <u>64</u> | | |
| NAME OF FILER California Life Sciences Association Political Action Committee | | I.D. Number 1272633 |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 11/20/2017 | 23andMe, Inc. Mountain View, CA 94041 Memo Reference: IDT703 |  <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$400.00 | \$400.00 | |
| | ***INTERMEDIARY*** California Life Sciences Association San Diego, CA 92122 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| 11/20/2017 | Horizon Pharma plc Brisbane, CA 94005 Memo Reference: IDT705 |  <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$7,200.00 | \$7,200.00 | |
| | ***INTERMEDIARY*** California Life Sciences Association San Diego, CA 92122 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| 11/27/2017 | Celgene Corporation Summit, NJ 07901 Memo Reference: IDT704 |  <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$7,300.00 | \$7,300.00 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|--|----------------------------|
| Statement covers period from <u>07/01/2017</u> | | CALIFORNIA FORM 460 |
| through <u>12/31/2017</u> | | |
| | | Page <u>9</u> of <u>64</u> |
| NAME OF FILER California Life Sciences Association Political Action Committee | | I.D. Number 1272633 |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|--|-----------------------------|---|------------------------------------|
| | ***INTERMEDIARY*** California Life Sciences Association San Diego, CA 92122 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| 11/27/2017 | Takeda Pharmaceuticals USA, Inc. Deerfield, IL 60015 Memo Reference: INC1461 |  <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$6,000.00 | \$6,000.00 | |
| 11/28/2017 | White & Case LLP New York, NY 10020 Memo Reference: IDT706 |  <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$1,250.00 | \$1,250.00 | |
| | ***INTERMEDIARY*** California Life Sciences Association San Diego, CA 92122 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| 12/8/2017 | NGM Biopharmaceuticals, Inc. South San Francisco, CA 94080 Memo Reference: IDT715 |  <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$400.00 | \$400.00 | |
| SUBTOTAL | | | | | | |

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(other than PTY or SCC)
OTH - Other
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SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|--|----------------------------|
| Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u> | | CALIFORNIA FORM 460 |
| Page <u>10</u> of <u>64</u> | | |
| NAME OF FILER California Life Sciences Association Political Action Committee | | I.D. Number 1272633 |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| | ***INTERMEDIARY*** California Life Sciences Association San Diego, CA 92122 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| 12/11/2017 | Portola Pharmaceuticals South San Francisco, CA 94080 Memo Reference: IDT670 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$400.00 | \$400.00 | |
| | ***INTERMEDIARY*** California Life Sciences Association San Diego, CA 92122 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| 12/12/2017 | Johnson & Johnson Washington, DC 20005 Memo Reference: INC1465 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$7,300.00 | \$7,300.00 | |
| 12/14/2017 | Allergan Specialty Therapeutics, Inc. Irvine, CA 92612 Memo Reference: IDT683 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$300.00 | \$14,300.00 | |
| SUBTOTAL | | | | | | |

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|--|----------------------------|
| Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u> | | CALIFORNIA FORM 460 |
| Page <u>11</u> of <u>64</u> | | |
| NAME OF FILER California Life Sciences Association Political Action Committee | | I.D. Number 1272633 |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| | ***INTERMEDIARY*** California Life Sciences Association San Diego, CA 92122 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| 12/14/2017 | Allergan Specialty Therapeutics, Inc. Irvine, CA 92612 Memo Reference: IDT684 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$7,000.00 | \$14,300.00 | |
| | ***INTERMEDIARY*** California Life Sciences Association San Diego, CA 92122 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| 12/14/2017 | Arcus Biosciences Hayward, CA 94545 Memo Reference: IDT676 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$175.00 | \$175.00 | |
| | ***INTERMEDIARY*** California Life Sciences Association San Diego, CA 92122 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| SUBTOTAL | | | | | | |

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee




Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|--|----------------------------|
| Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u> | | CALIFORNIA FORM 460 |
| Page <u>12</u> of <u>64</u> | | |
| NAME OF FILER California Life Sciences Association Political Action Committee | | I.D. Number 1272633 |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 12/14/2017 | Ardelyx, Inc. Fremont, CA 94555 Memo Reference: IDT677 |  <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$310.00 | \$310.00 | |
| | ***INTERMEDIARY*** California Life Sciences Association San Diego, CA 92122 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| 12/14/2017 | Codexis Redwood City, CA 94063 Memo Reference: IDT685 |  <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$310.00 | \$310.00 | |
| | ***INTERMEDIARY*** California Life Sciences Association San Diego, CA 92122 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| 12/14/2017 | Edwards Lifesciences Corporation Irvine, CA 92614 Memo Reference: IDT672 |  <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$7,300.00 | \$7,300.00 | |
| SUBTOTAL | | | | | | |

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|--|----------------------------|
| Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u> | | CALIFORNIA FORM 460 |
| Page <u>13</u> of <u>64</u> | | |
| NAME OF FILER California Life Sciences Association Political Action Committee | | I.D. Number 1272633 |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| | ***INTERMEDIARY*** California Life Sciences Association San Diego, CA 92122 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| 12/14/2017 | Emerald Cloud Laboratory South San Francisco, CA 94080 Memo Reference: IDT681 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$135.00 | \$135.00 | |
| | ***INTERMEDIARY*** California Life Sciences Association San Diego, CA 92122 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| 12/14/2017 | Exelixis, Inc. South San Francisco, CA 94080 Memo Reference: IDT711 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$400.00 | \$400.00 | |
| | ***INTERMEDIARY*** California Life Sciences Association San Diego, CA 92122 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| SUBTOTAL | | | | | | |

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)




| | | |
|-------------------------|--|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 07/01/2017 | | |
| through 12/31/2017 | | Page 14 of 64 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Life Sciences Association Political Action Committee

I.D. Number
1272633

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 12/14/2017 | Gilead Sciences, Inc. Foster City, CA 94404 Memo Reference: IDT690 |  <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$7,000.00 | \$14,300.00 | |
| | ***INTERMEDIARY*** California Life Sciences Association San Diego, CA 92122 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| 12/14/2017 | Gilead Sciences, Inc. Foster City, CA 94404 Memo Reference: IDT689 |  <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$300.00 | \$14,300.00 | |
| | ***INTERMEDIARY*** California Life Sciences Association San Diego, CA 92122 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| 12/14/2017 | Protagonist Therapeutics Inc. Newark, CA 94560 Memo Reference: IDT680 |  <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$135.00 | \$135.00 | |
| SUBTOTAL | | | | | | |

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|--|----------------------------|
| Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u> | | CALIFORNIA FORM 460 |
| Page <u>15</u> of <u>64</u> | | |
| NAME OF FILER California Life Sciences Association Political Action Committee | | I.D. Number 1272633 |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| | ***INTERMEDIARY*** California Life Sciences Association San Diego, CA 92122 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| 12/14/2017 | Prothena Biosciences, Inc. South San Francisco, CA 94080 Memo Reference: IDT671 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$310.00 | \$310.00 | |
| | ***INTERMEDIARY*** California Life Sciences Association San Diego, CA 92122 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| 12/15/2017 | NewCo San Francisco, CA 94129 Memo Reference: IDT714 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$150.00 | \$150.00 | |
| | ***INTERMEDIARY*** California Life Sciences Association San Diego, CA 92122 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| SUBTOTAL | | | | | | |

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee




Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|--|----------------------------|
| Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u> | | CALIFORNIA FORM 460 |
| Page <u>16</u> of <u>64</u> | | |
| NAME OF FILER California Life Sciences Association Political Action Committee | | I.D. Number 1272633 |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 12/18/2017 | CytomX Therapeutics, Inc. South San Francisco, CA 94080 Memo Reference: IDT710 |  <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$400.00 | \$710.00 | |
| | ***INTERMEDIARY*** California Life Sciences Association San Diego, CA 92122 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| 12/29/2017 | American Laboratory Trading, Inc. East Lyme, CT 06333 Memo Reference: IDT707 |  <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$150.00 | \$150.00 | |
| | ***INTERMEDIARY*** California Life Sciences Association San Diego, CA 92122 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| 12/29/2017 | Buck Institute for Research on Aging Novato, CA 94945 Memo Reference: IDT708 |  <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$267.00 | \$267.00 | |
| SUBTOTAL | | | | | | |

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|--|-----------------------------|
| Statement covers period from <u>07/01/2017</u> | | CALIFORNIA FORM 460 |
| through <u>12/31/2017</u> | | |
| | | Page <u>17</u> of <u>64</u> |
| NAME OF FILER California Life Sciences Association Political Action Committee | | I.D. Number 1272633 |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|--|--|-----------------------------|---|------------------------------------|
| | ***INTERMEDIARY*** California Life Sciences Association San Diego, CA 92122 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| SUBTOTAL | | | | \$97,942.00 | | |

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule B – Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA
FORM **460**

Page 18 of 64

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Life Sciences Association Political Action Committee

I.D. NUMBER
1272633

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT RECEIVED THIS PERIOD | (c) AMOUNT PAID OR FORGIVEN THIS PERIOD* | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST PAID THIS PERIOD | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTIONS TO DATE |
|--|---|---|--|--|---|--|--------------------------------------|---|
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | DATE DUE | % RATE | DATE INCURRED | CALENDAR YEAR PER ELECTION** |
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | DATE DUE | % RATE | DATE INCURRED | CALENDAR YEAR PER ELECTION** |
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | DATE DUE | % RATE | DATE INCURRED | CALENDAR YEAR PER ELECTION** |

SUBTOTALS

Schedule B Summary

1. Loans received this period. _____
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period _____
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) _____ **Net** _____
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on
Schedule E, Line 3)

* Amounts forgiven or paid by
another party also must be
reported on Schedule A.

** If required.

*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B - Part 2

Loan Guarantors

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 2

| | |
|--|----------------------------|
| Statement covers period from 07/01/2017 through 12/31/2017 | CALIFORNIA FORM 460 |
| | Page 19 of 64 |
| I.D. Number 1272633 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Life Sciences Association Political Action Committee

| FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | LOAN | AMOUNT GUARANTEED THIS PERIOD | CUMULATIVE TO DATE | BALANCE OUTSTANDING TO DATE |
|--|--|---|--------------------|-------------------------------------|--|-----------------------------------|
| | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | LENDER DATE | | CALENDAR YEAR PER ELECTION (IF REQUIRED) | |
| | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | LENDER DATE | | CALENDAR YEAR PER ELECTION (IF REQUIRED) | |
| | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | LENDER DATE | | CALENDAR YEAR PER ELECTION (IF REQUIRED) | |
| | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | LENDER DATE | | CALENDAR YEAR PER ELECTION (IF REQUIRED) | |
| SUBTOTAL | | | | | Enter on Summary Page, Line 17 only. | |

Schedule C Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

| | |
|--|----------------------------|
| Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u> | CALIFORNIA FORM 460 |
| Page <u>20</u> of <u>64</u> | I.D. Number 1272633 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Life Sciences Association Political Action Committee

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|--|--|--|----------------------------------|---------------------------|---|------------------------------------|
| 7/12/2017 | California Life Sciences Association San Diego, CA 92122 Memo Reference: NON1420 | <div> <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC </div> | | | \$612.00 | \$1,224.00 | |
| 9/29/2017 | California Life Sciences Association San Diego, CA 92122 Memo Reference: NON1436 | <div> <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC </div> | | | \$612.00 | \$1,224.00 | |
| | | <div> <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC </div> | | | | | |
| | | <div> <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC </div> | | | | | |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$1,224.00

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.)..... \$0.00
- Amount received this period - unitemized nonmonetary contributions of less than \$100 \$0.00
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL** \$0.00

*Contributor Codes
 IND - Individual
 COM- Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule D

Summary of Expenditures

Supporting/Opposing Other Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

| | | | |
|-------------------------|------------|----------------------------|-------|
| Statement covers period | | CALIFORNIA FORM 460 | |
| from | 07/01/2017 | | |
| through | 12/31/2017 | | |
| | | Page 21 | of 64 |
| | | I.D. NUMBER 1272633 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Life Sciences Association Political Action Committee

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------|---|--|---------------------------|--------------------|--|------------------------------------|
| 10/19/2017 | Payee Name: Nazarian for Assembly 2018 Candidate Name: Adrin Nazarian State Assembly Person District 46 Jurisdiction: Assembly District Memo Reference: EDT100 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | Event Costs at Fundraiser | \$562.51 | \$2,062.51 | 2018P: \$2,062.51 |
| 7/6/2017 | Payee Name: Rodriguez for Assembly 2018 Candidate Name: Freddie Rodriguez State Assembly Person District 52 Jurisdiction: Assembly District Memo Reference: EXP1411 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$671.39 | \$1,500.00 | 2018P: \$1,500.00 |
| 7/12/2017 | Payee Name: Phillip Chen for Assembly 2018 Candidate Name: Phillip Chen State Assembly Person District 55 Jurisdiction: Assembly District Memo Reference: EXP1412 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$1,500.00 | \$1,500.00 | 2018P: \$1,500.00 |

SUBTOTAL

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$39,116.89
- Unitemized contributions and independent expenditures made this period of under \$100 \$0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL** \$39,116.89

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 07/01/2017

through 12/31/2017





CALIFORNIA
FORM 460

Page 22 of 64

NAME OF FILER

California Life Sciences Association Political Action Committee

I.D. NUMBER
 1272633

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|--|--|------------------------------|-----------------------|--|--|
| 9/8/2017 | Payee Name: Rudy Salas for Assembly 2018 Candidate Name: Rudy Salas, Jr. State Assembly Person District 32 Jurisdiction: Assembly District Memo Reference: EXP1427 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |  <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$1,500.00 | \$1,500.00 | 2018P: \$1,500.00 |
| 9/13/2017 | Payee Name: Heath Flora for Assembly 2016 Candidate Name: Heath Flora State Assembly Person District 12 Jurisdiction: Assembly District Memo Reference: EXP1429 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |  <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | Debt Retirement - G2016 | \$1,500.00 | \$1,500.00 | 2016G: \$1,500.00 |
| 9/18/2017 | Payee Name: Luis Lopez for Assembly 2017 Candidate Name: Luis Lopez State Assembly Person District 51 Jurisdiction: Assembly District Memo Reference: EXP1430 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |  <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$2,000.00 | \$2,000.00 | 2017S: \$2,000.00 |
| 9/18/2017 | California Republican Party Memo Reference: EXP1432 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |  <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | Candidate Support | \$10,000.00 | \$10,000.00 | |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 07/01/2017





through 12/31/2017

CALIFORNIA
FORM 460

Page 23 of 64

NAME OF FILER
 California Life Sciences Association Political Action Committee

I.D. NUMBER
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| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------|--|--|------------------------------|-----------------------|--|--|
| 10/13/2017 | Payee Name: Susan Rubio for Senate 2018 Candidate Name: Susan Rubio State Senator District 22 Jurisdiction: Senate Memo Reference: EXP1442 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |  <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$1,500.00 | \$1,900.74 | 2018P: \$1,900.74 |
| 10/24/2017 | Payee Name: Nazarian for Assembly 2018 Candidate Name: Adrin Nazarian State Assembly Person District 46 Jurisdiction: Assembly District Memo Reference: EXP1444 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |  <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$1,500.00 | \$2,062.51 | 2018P: \$2,062.51 |
| 10/25/2017 | Payee Name: Lorena Gonzalez for Assembly 2018 Candidate Name: Lorena S. Gonzalez State Assembly Person District 80 Jurisdiction: Assembly District Memo Reference: EXP1446 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |  <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$1,500.00 | \$4,000.00 | 2018P: \$4,000.00 |
| 11/9/2017 | Payee Name: Kevin Mullin for Assembly 2018 Candidate Name: Kevin Mullin State Assembly Person District 22 Jurisdiction: Assembly District Memo Reference: EXP1459 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |  <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$565.31 | \$1,500.00 | 2018P: \$1,500.00 |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 07/01/2017

through 12/31/2017





CALIFORNIA
FORM 460

Page 24 of 64

NAME OF FILER

California Life Sciences Association Political Action Committee

I.D. NUMBER
 1272633

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------|---|--|------------------------------|-----------------------|--|--|
| 11/10/2017 | Payee Name: Tom Daly for Assembly 2018 Candidate Name: Tom Daly State Assembly Person District 69 Jurisdiction: Assembly District Memo Reference: EXP1460 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |  <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$4,400.00 | \$4,400.00 | 2018P: \$4,400.00 |
| 12/15/2017 | Payee Name: Dr. Richard Pan for Senate 2018 Candidate Name: Richard Pan State Senator District 06 Jurisdiction: Senate Memo Reference: EXP1466 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |  <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$1,400.00 | \$7,300.00 | 2018P: \$4,400.00 2018G: \$4,400.00 |
| 12/15/2017 | Payee Name: Dr. Richard Pan for Senate 2018 Candidate Name: Richard Pan State Senator District 06 Jurisdiction: Senate Memo Reference: EXP1467 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |  <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$4,400.00 | \$7,300.00 | 2018P: \$4,400.00 2018G: \$4,400.00 |
| 12/18/2017 | Payee Name: Gray for Assembly 2018 Candidate Name: Adam C. Gray State Assembly Person District 21 Jurisdiction: Assembly District Memo Reference: EXP1469 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |  <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$1,500.00 | \$1,500.00 | 2018P: \$1,500.00 |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 07/01/2017

through 12/31/2017





CALIFORNIA
FORM 460

Page 25 of 64

NAME OF FILER

California Life Sciences Association Political Action Committee

I.D. NUMBER
 1272633

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|------------|---|--|------------------------------|-----------------------|--|--|
| 7/5/2017 | Payee Name: Rodriguez for Assembly 2018 Candidate Name: Freddie Rodriguez State Assembly Person District 52 Jurisdiction: Assembly District Memo Reference: PDT295 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |  <input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | Event Costs at Fundraiser | \$828.61 | \$1,500.00 | 2018P: \$1,500.00 |
| 8/21/2017 | Payee Name: Gipson for Assembly 2018 Candidate Name: Mike Gipson State Assembly Person District 64 Jurisdiction: Assembly District Memo Reference: PDT297 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |  <input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | Event Costs at Fundraiser | \$940.56 | \$940.56 | 2018P: \$940.56 |
| 8/30/2017 | Payee Name: Sebastian Ridley-Thomas for Assembly 2018 Candidate Name: Sebastian M. Ridley-Thomas State Assembly Person District 54 Jurisdiction: Assembly District Memo Reference: PDT299 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |  <input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | Event Costs at Fundraiser | \$1,513.08 | \$1,513.08 | 2018P: \$1,513.08 |
| 10/11/2017 | Payee Name: Susan Rubio for Senate 2018 Candidate Name: Susan Rubio State Senator District 22 Jurisdiction: Senate Memo Reference: PDT301 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |  <input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | Event Costs at Fundraiser | \$400.74 | \$1,900.74 | 2018P: \$1,900.74 |

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 07/01/2017

through 12/31/2017



CALIFORNIA
FORM 460

Page 26 of 64

NAME OF FILER

California Life Sciences Association Political Action Committee

I.D. NUMBER
 1272633

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|--|---|------------------------------|-----------------------|--|--|
| 11/1/2017 | Payee Name: Kevin Mullin for Assembly 2018 Candidate Name: Kevin Mullin State Assembly Person District 22 Jurisdiction: Assembly District Memo Reference: PDT304 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |  <input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | Event Costs at Fundraiser | \$393.84 | \$1,500.00 | 2018P: \$1,500.00 |
| 11/1/2017 | Payee Name: Kevin Mullin for Assembly 2018 Candidate Name: Kevin Mullin State Assembly Person District 22 Jurisdiction: Assembly District Memo Reference: PDT305 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |  <input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | Event Costs at Fundraiser | \$540.85 | \$1,500.00 | 2018P: \$1,500.00 |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| SUBTOTAL | | | | \$39,116.89 | | |

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

| | | |
|--|--|---|
| Statement covers period from 07/01/2017 through 12/31/2017 | | CALIFORNIA FORM 460 Page 27 of 64 |
| I.D. NUMBER 1272633 | | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Life Sciences Association Political Action Committee

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| Rodriguez for Assembly 2018 Pomona, CA 91766 Memo Reference: EXP1411 | CTB | | \$671.39 |
| Committee ID: 1392709 Phillip Chen for Assembly 2018 Diamond Bar, CA 91765 Memo Reference: EXP1412 | CTB | | \$1,500.00 |
| Committee ID: 1392379 Bell, McAndrews & Hiltachk, LLP Sacramento, CA 95814 Memo Reference: EXP1414 | PRO | | \$612.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E Summary

| | |
|--|--------------------------|
| 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) | \$43,297.45 |
| 2. Unitemized payments made this period of under \$100. | \$0.00 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$0.00 |
| 4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$43,297.45 |

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--|--|---|
| Statement covers period from 07/01/2017 through 12/31/2017 | | CALIFORNIA FORM 460 Page 28 of 64 |
| I.D. NUMBER 1272633 | | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Life Sciences Association Political Action Committee

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|---|-------------|
| American Express New York, NY 10285 Memo Reference: EXP1417 | CTB | In-Kind Contribution to Rodriguez for Assembly 2018 (ID: 1392709) | \$828.61 |
| American Express New York, NY 10285 Memo Reference: EXP1424 | CTB | In-Kind Contribution to Gipson for Assembly 2018 (ID: 1392928) | \$940.56 |
| Bell, McAndrews & Hiltachk, LLP Sacramento, CA 95814 Memo Reference: EXP1426 | PRO | | \$612.00 |
| Rudy Salas for Assembly 2018 Shafter, CA 93263 Memo Reference: EXP1427 | CTB | | \$1,500.00 |
| Committee ID: 1393439 Heath Flora for Assembly 2016 Hilmar, CA 95324 Memo Reference: EXP1429 | CTB | Debt Retirement - G2016 | \$1,500.00 |
| Committee ID: 1376112 | | | |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--|--|---|
| Statement covers period from 07/01/2017 through 12/31/2017 | | CALIFORNIA FORM 460 Page 29 of 64 |
| I.D. NUMBER 1272633 | | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Life Sciences Association Political Action Committee

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|---------|---|-------------|
| Luis Lopez for Assembly 2017 Long Beach, CA 90802 Memo Reference: EXP1430 Committee ID: 1397810 | CTB | | \$2,000.00 |
| California Republican Party Sacramento, CA 95814 Memo Reference: EXP1432 Committee ID: 810163 | CTB | Candidate Support | \$10,000.00 |
| American Express New York, NY 10285 Memo Reference: EXP1437 | CTB | In-Kind Contribution to Sebastian Ridley-Thomas for Assembly 2018 (ID: 1392907) | \$1,513.08 |
| American Express New York, NY 10285 Memo Reference: EXP1439 | | OFC, TRS | \$744.92 |
| Oliver Rocroi Sacramento, CA 95814 Memo Reference: EXP1440 | TRS | | \$392.71 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--|--|---|
| Statement covers period from 07/01/2017 through 12/31/2017 | | CALIFORNIA FORM 460 Page 30 of 64 |
| I.D. NUMBER 1272633 | | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Life Sciences Association Political Action Committee

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|---|-------------|
| Susan Rubio for Senate 2018 Sacramento, CA 95815 Memo Reference: EXP1442 | CTB | | \$1,500.00 |
| Committee ID: 1392890 | | | |
| Nazarian for Assembly 2018 Covina, CA 91722 Memo Reference: EXP1444 | CTB | | \$1,500.00 |
| Committee ID: 1392480 | | | |
| Eve Bukowski Sacramento, CA 95814 Memo Reference: EXP1445 | CTB | In-Kind Contribution to Nazarian for Assembly 2018 (ID: 1392480) | \$562.51 |
| Lorena Gonzalez for Assembly 2018 Encinitas, CA 92024 Memo Reference: EXP1446 | CTB | | \$1,500.00 |
| Committee ID: 1392494 | | | |
| American Express New York, NY 10285 Memo Reference: EXP1450 | CTB | In-Kind Contribution to Susan Rubio for Senate 2018 (ID: 1392890) | \$400.74 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)






| | | |
|--|--|---|
| Statement covers period from 07/01/2017 through 12/31/2017 | | CALIFORNIA FORM 460 Page 31 of 64 |
| I.D. NUMBER 1272633 | | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Life Sciences Association Political Action Committee

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| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|--|------------------------|-------------|
| American Express New York, NY 10285 Memo Reference: EXP1452 |  | OFC, TRS | \$584.77 |
| eFundraising Connections Sacramento, CA 95816 Memo Reference: EXP1453 |  | OFC | \$33.00 |
| eFundraising Connections Sacramento, CA 95816 Memo Reference: EXP1455 |  | OFC | \$325.50 |
| Bell, McAndrews & Hiltachk, LLP Sacramento, CA 95814 Memo Reference: EXP1456 |  | PRO | \$612.00 |
| Kevin Mullin for Assembly 2018 Sacramento, CA 95814 Memo Reference: EXP1459 |  | CTB | \$565.31 |
| Committee ID: 1392828 | | | |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 07/01/2017 | | |
| through 12/31/2017 | | Page 32 of 64 |
| NAME OF FILER California Life Sciences Association Political Action Committee | | I.D. NUMBER 1272633 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|---------|--|-------------|
| Tom Daly for Assembly 2018 Long Beach, CA 90807 Memo Reference: EXP1460 | CTB | | \$4,400.00 |
| Committee ID: 1393412 | | | |
| American Express New York, NY 10285 Memo Reference: EXP1462 | CTB | In-Kind Contribution to Kevin Mullin for Assembly 2018 (ID: 1392828) | \$540.85 |
| American Express New York, NY 10285 Memo Reference: EXP1464 | | OFC, TRS | \$45.50 |
| Dr. Richard Pan for Senate 2018 Sacramento, CA 95815 Memo Reference: EXP1466 | CTB | | \$1,400.00 |
| Committee ID: 1374058 | | | |
| Dr. Richard Pan for Senate 2018 Sacramento, CA 95815 Memo Reference: EXP1467 | CTB | | \$4,400.00 |
| Committee ID: 1374058 | | | |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 07/01/2017 | | |
| through 12/31/2017 | | Page 33 of 64 |
| NAME OF FILER California Life Sciences Association Political Action Committee | | I.D. NUMBER 1272633 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Life Sciences Association Political Action Committee

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| Gray for Assembly 2018 Sacramento, CA 95814 Memo Reference: EXP1469 | CTB | | \$1,500.00 |
| Committee ID: 1392612 Bell, McAndrews & Hiltachk, LLP Sacramento, CA 95814 Memo Reference: EXP1470 | PRO | | \$612.00 |
| | | | |
| | | | |
| | | | |
| | | | |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$43,297.45

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA
FORM 460

Page 34 of 64

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Life Sciences Association Political Action Committee

I.D. NUMBER
1272633

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b) AMOUNT INCURRED THIS PERIOD | (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|--|---|---|---------------------------------------|---|--|
| American Express New York, NY 10285 | CTB In-Kind Contribution to Kevin Mullin for Assembly 2018 (ID: 1392828) | \$0.00 | \$393.84 | \$0.00 | \$393.84 |
| | | | | | |
| | | | | | |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTALS \$0.00 \$393.84 \$0.00 \$393.84

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS** \$393.84
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS** \$0.00
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET** \$393.84
May be a negative number.

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 07/01/2017 | |
| through | 12/31/2017 | Page 35 of 64 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Life Sciences Association Political Action Committee

I.D. NUMBER
1272633

NAME OF AGENT OR INDEPENDENT CONTRACTOR
American Express

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|---|-------------|
| Lucca Restaurant & Bar Sacramento, CA 95814 | CTB | | In-Kind Contribution to Rodriguez for Assembly 2018 (ID: 1392709) | \$828.61 |
| Downtown & Vine Sacramento, CA 95814 | CTB | | In-Kind Contribution to Gipson for Assembly 2018 (ID: 1392928) | \$940.56 |
| Grange Restaurant & Bar Sacramento, CA 95814 | CTB | | In-Kind Contribution to Sebastian Ridley-Thomas for Assembly 2018 (ID: 1392907) | \$1,513.08 |
| Grange Restaurant & Bar Sacramento, CA 95814 | TRS | | | \$7.00 |

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$3289.25

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 07/01/2017 | |
| through | 12/31/2017 | Page 36 of 64 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Life Sciences Association Political Action Committee

I.D. NUMBER
1272633

NAME OF AGENT OR INDEPENDENT CONTRACTOR
American Express

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
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| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Southwest Airlines Dallas, TX 75235 | TRS | | | \$314.98 |
| Southwest Airlines Dallas, TX 75235 | TRS | | | \$74.98 |
| Southwest Airlines Dallas, TX 75235 | TRS | | | \$172.96 |
| Thrifty Car Rental, Inc. San Diego, CA 92101 | TRS | | | \$224.59 |

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$787.51

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 07/01/2017 | |
| through | 12/31/2017 | Page 37 of 64 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Life Sciences Association Political Action Committee

I.D. NUMBER
1272633

NAME OF AGENT OR INDEPENDENT CONTRACTOR
American Express

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
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| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|--|-------------|
| Brasserie Capitale Sacramento, CA 95814 | CTB | | In-Kind Contribution to Susan Rubio for Senate 2018 (ID: 1392890) | \$400.74 |
| Aioli Bodega Espanola Sacramento, CA 95814 | CTB | | In-Kind Contribution to Kevin Mullin for Assembly 2018 (ID: 1392828) | \$393.84 |
| Big Stump Brewing Company Sacramento, CA 95811 | CTB | | In-Kind Contribution to Kevin Mullin for Assembly 2018 (ID: 1392828) | \$540.85 |
| Fairmont Grand Del Mar San Diego, CA 92130 | TRS | | | \$134.26 |

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1469.69

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA
FORM **460**

Page 38 of 64

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Life Sciences Association Political Action Committee

I.D. NUMBER
1272633

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Eve Bukowski

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

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| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|--|-------------|
| Famous Kabob Sacramento, CA 95825 | CTB | | In-Kind Contribution to Nazarian for Assembly 2018 (ID: 1392480) | \$562.51 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$562.51

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 07/01/2017 | |
| through | 12/31/2017 | Page 39 of 64 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Life Sciences Association Political Action Committee

I.D. NUMBER
1272633

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Oliver Rocroi

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
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| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Wynn Las Vegas Las Vegas, NV 89109 | TRS | | | \$210.89 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$210.89

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule H – Loans Made to Others*

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE H

| | |
|--|----------------------------|
| Statement covers period from 07/01/2017 through 12/31/2017 | CALIFORNIA FORM 460 |
| | Page 40 of 64 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Life Sciences Association Political Action Committee

I.D. NUMBER
1272633

| FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT LOANED THIS PERIOD | (c) REPAYMENT OR FORGIVENESS THIS PERIOD* | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST RECEIVED | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE LOANS TO DATE |
|--|---|---|--|--|---|-----------------------------|--------------------------------------|---------------------------------------|
| | | | | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | | _____ % RATE | | CALENDAR YEAR PER ELECTION** |
| | | | | | DATE DUE | | DATE INCURRED | |
| | | | | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | | _____ % RATE | | CALENDAR YEAR PER ELECTION** |
| | | | | | DATE DUE | | DATE INCURRED | |
| *Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E. | | SUBTOTALS | | | | | | |

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

1. Loans made this period
(Total Column (b) plus unitemized loans less than \$100.)

2. Payments received on loans
(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.) **NET**
(Enter the net here and on the Summary Page, Column A, Line 7.)

** If Required

Schedule I Miscellaneous Increases to Cash

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE I

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA
FORM **460**

Page 41 of 64

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Life Sciences Association Political Action Committee

I.D. NUMBER
1272633

| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH |
|------------------|---|------------------------|-------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$.00

Schedule I Summary

- Increases to cash of \$100 or more this period..... \$.00
- Unitemized increases to cash under \$100 this period..... \$.00
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).)..... \$.00
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)..... **TOTAL** \$.00

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Memo Reference: INC1419
All Purpose Account

Memo Reference: INC1422
All Purpose Account

Memo Reference: INC1423
All Purpose Account

Memo Reference: INC1433
All Purpose Account

Memo Reference: INC1435
All Purpose Account

Memo Reference: INC1447
All Purpose Account

Memo Reference: INC1448
All Purpose Account

Memo Reference: INC1449
All Purpose Account

Memo Reference: INC1454
All Purpose Account

Memo Reference: INC1461
All Purpose Account

Memo Reference: INC1465
All Purpose Account

Memo Reference: IDT703
All Purpose Account

Memo Reference: IDT704
All Purpose Account

Memo Reference: IDT654
All Purpose Account

Memo Reference: IDT657
All Purpose Account

Memo Reference: IDT661
All Purpose Account

Memo Reference: IDT665
All Purpose Account

Memo Reference: IDT666
All Purpose Account

Memo Reference: IDT670
All Purpose Account

Memo Reference: IDT671
All Purpose Account

Memo Reference: IDT672
All Purpose Account

Memo Reference: IDT676
All Purpose Account

Memo Reference: IDT677
All Purpose Account

Memo Reference: IDT680
All Purpose Account

Memo Reference: IDT681
All Purpose Account

Memo Reference: IDT683
All Purpose Account

Memo Reference: IDT684
Restricted Use Account

Memo Reference: IDT685
All Purpose Account

Memo Reference: IDT689
All Purpose Account

Memo Reference: IDT690
Restricted Use Account

Memo Reference: IDT705
All Purpose Account

Memo Reference: IDT706
All Purpose Account

Memo Reference: IDT707
All Purpose Account

Memo Reference: IDT708
All Purpose Account

Memo Reference: IDT710
All Purpose Account

Memo Reference: IDT711
All Purpose Account

Memo Reference: IDT714

All Purpose Account

Memo Reference: IDT715

All Purpose Account

Memo Reference: EXP1434

All Purpose Account - Refund made through intermediary California Life Sciences Association, 9191 Towne Centre Drive, Suite 450, San Diego, CA 92122

Memo Reference: NON1420

Reported pursuant to Regulation 18215(c)(16) - payment by sponsoring organization for the administration of sponsored committee.

Memo Reference: NON1436

Reported pursuant to Regulation 18215(c)(16) - payment by sponsoring organization for the administration of sponsored committee.

Memo Reference: EXP1411

All Purpose Account

Memo Reference: EXP1412

All Purpose Account

Memo Reference: EXP1427

All Purpose Account

Memo Reference: EXP1429
All Purpose Account

Memo Reference: EXP1430
All Purpose Account

Memo Reference: EXP1432
All Purpose Account

Memo Reference: EXP1442
All Purpose Account

Memo Reference: EXP1444
All Purpose Account

Memo Reference: EXP1446
All Purpose Account

Memo Reference: EXP1459
All Purpose Account

Memo Reference: EXP1460
All Purpose Account

Memo Reference: EXP1466
All Purpose Account

Memo Reference: EXP1467
All Purpose Account

Memo Reference: EXP1469
All Purpose Account

Memo Reference: EDT100
All Purpose Account

Memo Reference: PDT295
All Purpose Account

Memo Reference: PDT297
All Purpose Account

Memo Reference: PDT299
All Purpose Account

Memo Reference: PDT301
All Purpose Account

Memo Reference: PDT304
All Purpose Account

Memo Reference: PDT305
All Purpose Account

Memo Reference: EXP1411
All Purpose Account

Memo Reference: EXP1412
All Purpose Account

Memo Reference: EXP1414
All Purpose Account

Memo Reference: EXP1426
All Purpose Account

Memo Reference: EXP1427
All Purpose Account

Memo Reference: EXP1429
All Purpose Account

Memo Reference: EXP1430
All Purpose Account

Memo Reference: EXP1432
All Purpose Account

Memo Reference: EXP1439
All Purpose Account

Memo Reference: EXP1440
All Purpose Account

Memo Reference: EXP1442
All Purpose Account

Memo Reference: EXP1444
All Purpose Account

Memo Reference: EXP1445
All Purpose Account

Memo Reference: EXP1446
All Purpose Account

Memo Reference: EXP1452
All Purpose Account

Memo Reference: EXP1453
Restricted Use Account

Memo Reference: EXP1455
Restricted Use Account

Memo Reference: EXP1456
All Purpose Account

Memo Reference: EXP1459
All Purpose Account

Memo Reference: EXP1460
All Purpose Account

Memo Reference: EXP1464
All Purpose Account

Memo Reference: EXP1466
All Purpose Account

Memo Reference: EXP1467
All Purpose Account

Memo Reference: EXP1469
All Purpose Account

Memo Reference: EXP1470
Restricted Use Account

Memo Reference: EXP1417
All Purpose Account

Memo Reference: EXP1424
All Purpose Account

Memo Reference: EXP1437
All Purpose Account

Memo Reference: EXP1450
All Purpose Account

Memo Reference: EXP1462
All Purpose Account
